

### Launch of the NHSBT Patient Blood Management Newsletter

#### Welcome

Welcome to the first newsletter from the NHSBT Customer Services Patient Blood Management Team. The purpose of these newsletters is to provide information about a range of topical transfusion-related issues, as well as updates about key areas of interest to those involved in the safe and appropriate use of blood and its alternatives. We plan to produce 6 newsletters a year and each newsletter will focus on a different area of blood management.

#### Who are we?

The NHSBT Customer Services Patient Blood Management Team (formerly the 'Better Blood Transfusion Team'), together with the Patient Clinical Team and the Customer Service Team, work closely with hospitals in England and North Wales to promote 'Patient Blood Management' (PBM).

PBM is a multi-disciplinary, evidence based approach to optimising the care of patients who might need a transfusion. A core activity of the PBM team is to support the appropriate use of blood components including the promotion of alternatives to transfusion. PBM success also depends on education. The team produce numerous patient information leaflets which not only improve patient knowledge but provide an important role in patient consent for transfusion. The provision of health professional transfusion education is accessed through numerous routes: e-learning, education days, seminars, workbooks, posters, leaflets; all developed and regularly updated by the PBM Team.



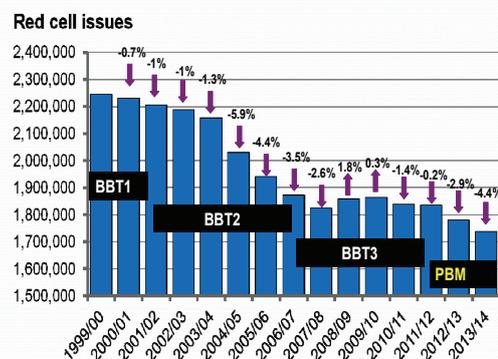
**Patient Blood Management (PBM) is a multi-disciplinary, evidence based approach to optimising the care of patients who might need a transfusion.**

#### What is Patient Blood Management?

PBM was launched in England in June 2012 as a collaboration between the National Blood Transfusion Committee and NHS Blood and Transplant (NHSBT) with the endorsement of Professor Sir Bruce Keogh, the NHS Medical Director for England. The aim of the PBM programme was to build on the success of the 'Better Blood Transfusion' (BBT) initiatives of 1998, 2002 and 2007 to improve the safe and appropriate use of blood.

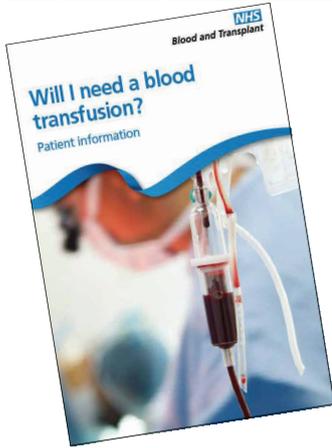
In July 2014 national guidance on PBM was published, '*Patient Blood Management – an evidence based approach to patient care*'. This provides recommendations on how PBM should be implemented in hospitals. See: [www.transfusionguidelines.org.uk/uk-transfusion-committees/national-blood-transfusion-committee/patient-blood-management](http://www.transfusionguidelines.org.uk/uk-transfusion-committees/national-blood-transfusion-committee/patient-blood-management)

#### Reductions in red cell usage 1999-2013



*PBM puts the patient at the heart of decisions being made about blood transfusion to ensure they receive the best treatment and avoidable, inappropriate use of blood components is reduced.*

## Improving Patient Outcomes



PBM focuses on measures for blood avoidance as well as correct use of blood when it is needed, with improved patient outcomes as the key driver.

Despite improvements over the last fifteen years, inappropriate transfusion is still evident and confirmed through national, regional and local audit. For example, in 2011 results of an audit of red cell transfusions in adult medical patients by the NHSBT National Comparative Audit (NCA) team suggested that 20% of cases had a potentially reversible anaemia, which if corrected may have avoided the need for a transfusion.

Studies have shown that PBM is good for patients! Shander (2012), indicated that PBM strategies led to fewer complications, faster recoveries and a shorter stay in hospital. An essential part of the PBM process is to ensure that the patient has information about the risks, benefits and alternatives to transfusion.

***PBM focuses on improving patient outcomes through appropriate use and employing alternatives to transfusion***

### PBM in surgical patients:

- Provide arrangements for the timely identification and correction of anaemia before major surgery
- Minimise blood loss and bleeding interoperatively
- Use intraoperative cell salvage for appropriate procedures



***PBM puts the patient at the heart of the decisions being made about blood transfusion***

### PBM in medical/critical care patients:

- Identify and treat the underlying cause of the anaemia before considering transfusion, whenever possible
- Develop and implement protocols to manage abnormal haemostasis e.g. for patients taking anticoagulants and antiplatelet agents
- Avoid transfusion if alternatives are available

***“Everyone involved in blood transfusion needs to take responsibility for ensuring that blood components are used safely and appropriately.”***

***Prof. JE Martin,  
June, 2014***

## General PBM Measures

- Involve and educate patients for whom transfusion may be a treatment option
- Minimise the volume and frequency of blood samples to prevent iatrogenic anaemia
- Use locally agreed ‘triggers’ for transfusion based on national guidelines
- Don’t use two when one will do! Transfuse one blood component and then re-assess the patient



**For further information please contact:**

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01865 381038**

**Also visit the website:  
<http://hospital.blood.co.uk/>**

### Dates for your diary

**24th–26th Sept:** BBTS: Annual Conference includes PBM and Iron therapy one day meeting.  
<https://www.bbts.org.uk/>

**19th Nov:** PBM in Clinical Haematology Education day. NEC, Birmingham.  
<http://hospital.blood.co.uk/>

### References and further reading

**Shander A, et al (2012)** Patient blood management in Europe. *British Journal of Anaesthesia* 109 (1) 55–68.

**National Blood Transfusion Committee (2013)** Indication Codes for Transfusion - an audit tool <http://www.transfusionguidelines.org/>

**NHSBT National Comparative Audit of Blood Transfusion.** [http://hospital.blood.co.uk/safe\\_use/clinical\\_audit/National\\_Comparative/index.asp](http://hospital.blood.co.uk/safe_use/clinical_audit/National_Comparative/index.asp)